

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NEW YORK

Case number (if known) _____ Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>Ampie Enterprises, Inc.</u>	
<hr/>		
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>FDBA Imprinting Lives</u> <u>FDBA Gallery Ink</u> <u>FDBA Color My Shirt</u> <u>FDBA Print My Shirt</u> <u>FDBA Imprintable Solutions Ink</u>	
<hr/>		
3. Debtor's federal Employer Identification Number (EIN)	<u>46-3152682</u>	
<hr/>		
4. Debtor's address	Principal place of business <u>1029 Lyell Ave PMB 315</u> <u>Rochester, NY 14606</u> <small>Number, Street, City, State & ZIP Code</small> <u>Monroe</u> <small>County</small>	Mailing address, if different from principal place of business <u>Location of principal assets, if different from principal place of business</u> <u>109 College Avenue Rochester, NY 14607</u> <small>Number, Street, City, State & ZIP Code</small>
<hr/>		
5. Debtor's website (URL)	<u></u>	
<hr/>		
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	
<hr/>		

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

3231

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor Tina Paradiso Relationship affiliate
District WDNY When _____ Case number, if known not assigned

11. Why is the case filed in this district? Check all that apply:
☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (Check all that apply.)
☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
☐ It needs to be physically secured or protected from the weather.
☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
☐ Other _____
- Where is the property?** _____
Number, Street, City, State & ZIP Code _____
- Is the property insured?**
☐ No
☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
☐ Funds will be available for distribution to unsecured creditors.
☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors ☐ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
☒ 50-99 ☐ 5001-10,000 ☐ 50,001-100,000
☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
☐ 200-999

15. Estimated Assets ☒ \$0 - \$50,000 ☐ \$1,000,001 - \$10 million ☐ \$500,000,001 - \$1 billion
☐ \$50,001 - \$100,000 ☐ \$10,000,001 - \$50 million ☐ \$1,000,000,001 - \$10 billion
☐ \$100,001 - \$500,000 ☐ \$50,000,001 - \$100 million ☐ \$10,000,000,001 - \$50 billion
☐ \$500,001 - \$1 million ☐ \$100,000,001 - \$500 million ☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 4, 2024**
MM / DD / YYYY

X /s/ Tina Paradiso
Signature of authorized representative of debtor

Title **President**

Tina Paradiso
Printed name

18. Signature of attorney

X /s/ Raymond C. Stilwell
Signature of attorney for debtor

Date **June 4, 2024**
MM / DD / YYYY

Raymond C. Stilwell
Printed name

LAW OFFICES OF RAYMOND C. STILWELL
Firm name

4476 Main Street, Suite 120
Amherst, NY 14226
Number, Street, City, State & ZIP Code

Contact phone **716-634-8307** Email address **rcstilwell@roadrunner.com**

Bar number and State

Fill in this information to identify the case:

Debtor name **Ampie Enterprises, Inc.**

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 4, 2024**

X /s/ Tina Paradiso

Signature of individual signing on behalf of debtor

Tina Paradiso

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Ampie Enterprises, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$	0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$	0.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$	0.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$	1,121,398.26
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$	0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$	478,359.06
4. Total liabilities Lines 2 + 3a + 3b	\$	1,599,757.32

Fill in this information to identify the case:Debtor name **Ampie Enterprises, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	American Express Creditor's Name 4315 S 2700 West Salt Lake City, UT 84184 Creditor's mailing address Creditor's email address, if known Date debt was incurred through 2024 Last 4 digits of account number 2001 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of debtor- UCC filed 10/3/19 Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$91,321.34 Unknown

2.2	Beacon Funding Corporation Creditor's Name 3400 Dundee Road #180 Northbrook, IL 60062 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2022 Last 4 digits of account number 3801 Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Specific leased assets per UCC filed 7/14/22 Describe the lien Purchase Money Security Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$19,912.00 Unknown
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Debtor **Ampie Enterprises, Inc.**
Name

Case number (if known)

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 CFG Merchant Solutions
LLC**

Creditor's Name

**201 Route 17 North
Rutherford, NJ 07070**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2024

Last 4 digits of account number

3785

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**Interest in factored receivables of debtor per
UCC filed 2/1/24**

\$48,072.00

Unknown

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.4 CHTD Company

Creditor's Name

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2021

Last 4 digits of account number

unknown

**Do multiple creditors have an
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**Alleged interest in tangible assets of debtor
per UCC filed 5/6/21- basis of agreement
unknown**

Unknown

Unknown

Describe the lien

unknown

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.5 CSC as Representative

Describe debtor's property that is subject to a lien

Unknown

Unknown

Debtor **Ampie Enterprises, Inc.**
Name

Case number (if known)

Creditor's Name

**-Alleged interest in tangible assets of debtor
per UCC filed 9/8/22- basis of agreement
unknown**

**PO Box 2576
Springfield, IL 62708**

Creditor's mailing address

**-Alleged interest in tangible assets of debtor
per UCC filed 3/19/24- basis of agreement
unknown**

Describe the lien

unknown

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

2022

Last 4 digits of account number
unknown

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.6 Silverline Services Inc.

Creditor's Name

**265 Sunrise Highway #236
Rockville Centre, NY 11570**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**Interest in factored receivablers of debtor per
UCC filed 1/4/24**

\$18,292.92

Unknown

Describe the lien

Non-Purchase Money Security

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

2024

Last 4 digits of account number
4322

Do multiple creditors have an
interest in the same property?

☒ No

☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.7 US Small Business
Administration**

Creditor's Name

**2 North Street, Suite 320
Birmingham, AL 35203**

Creditor's mailing address

Describe debtor's property that is subject to a lien

All tangible assets- UCC filed 5/18/20

\$943,800.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

Creditor's email address, if known

Date debt was incurred

2020

Last 4 digits of account number

7401

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,121,398.26

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

Fill in this information to identify the case:Debtor name **Ampie Enterprises, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address NYS Department of Labor Harriman State Office Building Bldg 12 Room 256 Albany, NY 12240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred 2024	Basis for the claim: final unemployment return		
	Last 4 digits of account number 2682 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NYS Dept. of Tax & Finance PO Box 5300 Albany, NY 12205-0300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred 2024	Basis for the claim: final sales taxes due		
	Last 4 digits of account number 2682 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

3.1	Nonpriority creditor's name and mailing address Aakron Rule Corporation PO Box 418 Akron, NY 14001 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,592.88</u>
3.2	Nonpriority creditor's name and mailing address Accelerated Mailing Services, Inc. 77 Halstead St #5 Rochester, NY 14610 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,049.87</u>
3.3	Nonpriority creditor's name and mailing address Adflex Corporation 300 Ormond Street Rochester, NY 14605 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$537.50</u>
3.4	Nonpriority creditor's name and mailing address Alphagraphics 478 Thurston Road Rochester, NY 14619 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>TINA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
3.5	Nonpriority creditor's name and mailing address ALPI International 3435 Regatta Blvd Richmond, CA 94804 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$179.37</u>
3.6	Nonpriority creditor's name and mailing address Ariel Premium 8825 Page Ave Saint Louis, MO 63114 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,100.26</u>
3.7	Nonpriority creditor's name and mailing address Bag Makers Inc. 6606 S. Union Road Union, IL 60180 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$527.07</u>

Debtor Ampie Enterprises, Inc. <small>Name</small>	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address Bank of America PO Box 15019 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>1129</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,419.36
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3.9	Nonpriority creditor's name and mailing address Banner Store LLC 5409 Powell St Jefferson, LA 70123 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.51
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3.10	Nonpriority creditor's name and mailing address Bay First Financial 700 Central Avenue Saint Petersburg, FL 33701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$108,289.29
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3.11	Nonpriority creditor's name and mailing address Bel Promo PO Box 91979 Orlando, FL 32891 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>5003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,211.49
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3.12	Nonpriority creditor's name and mailing address Blue Generation/CIT PO Box 1036 Charlotte, NC 28201 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6885</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.77
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3.13	Nonpriority creditor's name and mailing address Broder Bros PO Box 13559 Newark, NJ 07188 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>1791</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,489.45
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3.14	Nonpriority creditor's name and mailing address Capital One PO Box 4069 Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number <u>0110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,939.36
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Debtor Ampie Enterprises, Inc. <small>Name</small>	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address Charles River Apparel 205 Providence Hwy Sharon, MA 02067 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>3486</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.48
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3.16	Nonpriority creditor's name and mailing address Devara Ltd 1635 Commons Parkway Macedon, NY 14502 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$276.23
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3.17	Nonpriority creditor's name and mailing address DFS Group Lockbox 229, PO Box 7247 Philadelphia, PA 19170 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>1E11</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$607.58
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3.18	Nonpriority creditor's name and mailing address Discount Labels POM Box 200747 Dallas, TX 75320 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>ER00</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,026.35
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3.19	Nonpriority creditor's name and mailing address Dupli Envelope & Graphics 6761 Thompson Road North Syracuse, NY 13211 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>5525</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,322.25
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3.20	Nonpriority creditor's name and mailing address Economy Products & Solutions 1175 East Main Street Rochester, NY 14609 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>3450</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$854.25
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3.21	Nonpriority creditor's name and mailing address Elan 1255 Corporate Dr Irving, TX 75038 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card purchases</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.22	<p>Nonpriority creditor's name and mailing address Ennis Business Forms Inc-Coshocton PO Box 84171 Dallas, TX 75284</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9485</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,938.07
3.23	<p>Nonpriority creditor's name and mailing address Ennis Business Forms Inc-Ft. Scott PO Box 84171 Dallas, TX 75284</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9485</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$323.34
3.24	<p>Nonpriority creditor's name and mailing address Ennis Business Forms Inc-Nat'l Imprint PO Box 84171 Dallas, TX 75284</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9485</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$215.10
3.25	<p>Nonpriority creditor's name and mailing address Ennis Business Forms Inc-Printegra PO Box 84171 Dallas, TX 75284</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9485</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,493.25
3.26	<p>Nonpriority creditor's name and mailing address Ennis Business Forms Inc-Wisco PO Box 84171 Dallas, TX 75284</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9485</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,436.23
3.27	<p>Nonpriority creditor's name and mailing address EnSpirit LLC 53 Upton Avenue #100 Spencerport, NY 14559</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,461.82
3.28	<p>Nonpriority creditor's name and mailing address EPI Printing 30 Bermar Park #2 Rochester, NY 14624</p> <p>Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods and/or services</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$6,535.40

3.29	Nonpriority creditor's name and mailing address Essef Distributors 264 Herricks Avenue Mineola, NY 11501 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,747.50
3.30	Nonpriority creditor's name and mailing address Evans Manufacturing PO Box 5669 Garden Grove, CA 92846 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>3592</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,567.70
3.31	Nonpriority creditor's name and mailing address Excellus Blue Cross/Blue Shield 165 Court Street Rochester, NY 14647 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0019</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Health insurance premiums</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,197.28
3.32	Nonpriority creditor's name and mailing address Fey promo dba of Fey Industries Inc 200 Fourth Avenue N Edgerton, MN 56128 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>1351</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$623.30
3.33	Nonpriority creditor's name and mailing address Finn Graphics 220 Stille Drive Cincinnati, OH 45233 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>7710</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$338.51
3.34	Nonpriority creditor's name and mailing address Fotofiles Inc. 15462 Sandfield Loop Winter Garden, FL 34787 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>R008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,533.64
3.35	Nonpriority creditor's name and mailing address Galaxy Balloons Inc. 35263 Eagle Way Chicago, IL 60678 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.44

	Debtor Ampie Enterprises, Inc. <small>Name</small>	Case number (if known) _____
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3.36	Nonpriority creditor's name and mailing address Gem Group, Inc. PO Box 843085 Boston, MA 02284 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>4643</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,017.26
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3.37	Nonpriority creditor's name and mailing address Gemline c/o CST Key Collections PO Box 33127 Louisville, KY 40232 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0426</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.38	Nonpriority creditor's name and mailing address Gill Studios, Inc / Gill Line PO Box 2909 Shawnee Mission, KS 66201 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0247</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284.52
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3.39	Nonpriority creditor's name and mailing address Glow Promotions 5555 West Linebaugh Avenue#300 Tampa, FL 33624 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$310.53
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3.40	Nonpriority creditor's name and mailing address Grimco Inc. 29538 Network Place Chicago, IL 60673 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>5882</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,697.00
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3.41	Nonpriority creditor's name and mailing address HandStands 1770 S 5350 W Salt Lake City, UT 84104 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>4609</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
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3.42	Nonpriority creditor's name and mailing address Headway Capital 175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u>6870</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
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3.43	Nonpriority creditor's name and mailing address Hit Promotional Products Inc PO Box 744209 Atlanta, GA 30384 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>7055</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,108.98</u>
3.44	Nonpriority creditor's name and mailing address Hub Pen Company LLC 1525 Washington St Braintree, MA 02184 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>WFORMS</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,119.72</u>
3.45	Nonpriority creditor's name and mailing address IDProductsource LLC 111 645 Northwest Enterprise Dr Port Saint Lucie, FL 34986 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$683.37</u>
3.46	Nonpriority creditor's name and mailing address Illini 1000 Woodlands Parkway Vernon Hills, IL 60061 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$484.28</u>
3.47	Nonpriority creditor's name and mailing address ImprintID 8433 Backlick Rd Suite B Lorton, VA 22079 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,873.44</u>
3.48	Nonpriority creditor's name and mailing address Info Advantage 155 Sanford Street Rochester, NY 14620 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,542.50</u>
3.49	Nonpriority creditor's name and mailing address Lanco 905 Veterans Memorial Hwy Ronkonkoma, NY 11779 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>4824</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$567.99</u>

Name

3.50	Nonpriority creditor's name and mailing address LarLu PO Box 708 Winona, MN 55987 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,016.22</u>
3.51	Nonpriority creditor's name and mailing address Leedsworld PO Box 643859 Pittsburgh, PA 15264 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>8347</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,389.99</u>
3.52	Nonpriority creditor's name and mailing address Leprechaun Promotions 1016 Norcross Industrial Court Norcross, GA 30071 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services to business- possible personal liability</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,808.80</u>
3.53	Nonpriority creditor's name and mailing address Loan Builder/Bill Me Later 215 South State Street, Suite 1000 Salt Lake City, UT 84111 Date(s) debt was incurred _____ Last 4 digits of account number <u>1984</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$75,988.64</u>
3.54	Nonpriority creditor's name and mailing address Logomark 1201 Bell Avenue Tustin, CA 92780 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>E003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,101.77</u>
3.55	Nonpriority creditor's name and mailing address Magnet Group PO Box 203699 Dallas, TX 75320 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>8467</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$887.03</u>
3.56	Nonpriority creditor's name and mailing address Magnets in Print 1913 Atlantic Avenue F4 Manasquan, NJ 08736 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$255.42</u>

3.57	Nonpriority creditor's name and mailing address MLJ Press Inc Box 65, 1015 East Main Street Rochester, NY 14609 Date(s) debt was incurred <u>2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,436.00
3.58	Nonpriority creditor's name and mailing address Moderne Glass Co Inc 1000 Industrial Blvd Aliquippa, PA 15001 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>8467</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$978.88
3.59	Nonpriority creditor's name and mailing address Mulligan Funding 4715 Viewridge Ave San Diego, CA 92123 Date(s) debt was incurred _____ Last 4 digits of account number <u>9426</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.60	Nonpriority creditor's name and mailing address Occasions Group PO Box 8700 Mankato, MN 56002 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104.23
3.61	Nonpriority creditor's name and mailing address OnDeck 1400 Broadway New York, NY 10018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Monies loaned</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.62	Nonpriority creditor's name and mailing address Paychex 1175 John Street West Henrietta, NY 14586 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>1368</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payroll service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,220.57
3.63	Nonpriority creditor's name and mailing address Peerless Umbrella Co Inc 427 Ferry Street Newark, NJ 07105 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0011</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,558.90

3.64	Nonpriority creditor's name and mailing address Promovision PO Box 71549 Chicago, IL 60694 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,624.00
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3.65	Nonpriority creditor's name and mailing address Pure Water Technology of WNY 316 Seneca St #100 Buffalo, NY 14204 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,147.80
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3.66	Nonpriority creditor's name and mailing address Quikey Inc. 1500 Industrial Parkway Akron, OH 44310 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$218.18
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3.67	Nonpriority creditor's name and mailing address Royal Industries 1135 N Plymouth St. Allentown, PA 18109 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9218</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,054.39
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3.68	Nonpriority creditor's name and mailing address Rugged Outfitters Suite 31, 1 Lethbridge Plaza Mahwah, NJ 07430 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,128.25
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3.69	Nonpriority creditor's name and mailing address S&S Activewear 525 Fellowship Rd., Suite 330 Mount Laurel, NJ 08054 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>4261</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,082.55
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3.70	Nonpriority creditor's name and mailing address SanMar Corp. 22833 SE Black Nugget Road, Suite 130 Issaquah, WA 98029 Date(s) debt was incurred _____ Last 4 digits of account number <u>4924</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,335.70
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Debtor Ampie Enterprises, Inc. <small>Name</small>	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address Showdown Displays PO Box 74007546 Chicago, IL 60674 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,645.32
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3.72	Nonpriority creditor's name and mailing address SnugZ USA LLC PO Box 25908 Salt Lake City, UT 84125 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>3659</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,033.44
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3.73	Nonpriority creditor's name and mailing address Starline USA Inc. 3036 Alt Blvd Grand Island, NY 14072 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,710.91
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3.74	Nonpriority creditor's name and mailing address Stopngo Line 19805 Harrison Avenue City of Industry, CA 91789 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,151.00
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3.75	Nonpriority creditor's name and mailing address Stouse LLC 300 New Century Parkway New Century, KS 66031 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9295</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,099.70
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3.76	Nonpriority creditor's name and mailing address Suburban Disposal PO Box 112 Spencerport, NY 14559 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>4537</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>disposal service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.67
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3.77	Nonpriority creditor's name and mailing address Suntex Industries 5555 West Linebaugh Avenue#300 Tampa, FL 33624 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.20
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3.78	Nonpriority creditor's name and mailing address Tangible Apparel 4780 I-55 N Suite 100, #9919 Jackson, MS 39211 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,485.04</u>
3.79	Nonpriority creditor's name and mailing address Taylor Communications c/o CCC of NY 34 Seymour Street Tonawanda, NY 14150 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.80	Nonpriority creditor's name and mailing address Time Warner Cable/Spectrum/Charter PO Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>5601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Internet service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$484.50</u>
3.81	Nonpriority creditor's name and mailing address TK cups Sorgs 750 Crawford Street Fitchburg, MA 01420 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$736.14</u>
3.82	Nonpriority creditor's name and mailing address Uline PO Box 88471 Chicago, IL 60680 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>9877</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$117.60</u>
3.83	Nonpriority creditor's name and mailing address Ventura Promotional Products, Inc. 501 W. Pierce St Del Rio, TX 78840 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>5602</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,080.74</u>
3.84	Nonpriority creditor's name and mailing address Victor Printing Co PO Drawer 707, 1 Victor Way Sharon, PA 16146 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>439</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,174.21</u>

Debtor **Ampie Enterprises, Inc.** Case number (if known) _____
Name

3.85	Nonpriority creditor's name and mailing address Webb Business Promo PO Box 745 New Ulm, MN 56073 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447.68
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3.86	Nonpriority creditor's name and mailing address Wilmer PO Box 91047 Chicago, IL 60693 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>6023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,100.26
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3.87	Nonpriority creditor's name and mailing address WOWLine 141 Eileen Way Syosset, NY 11791 Date(s) debt was incurred <u>2024</u> Last 4 digits of account number <u>0010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods and/or services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.84
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Commercial Collection Corp. of NY 34 Seymour Street Tonawanda, NY 14150	Line <u>3.73</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	CST PO Box 224768 Dallas, TX 75222	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	CST PO Box 224768 Dallas, TX 75222	Line <u>3.25</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	CST PO Box 224768 Dallas, TX 75222	Line <u>3.26</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	CST PO Box 33127 Louisville, KY 40232	Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	CST PO Box 33127 Louisville, KY 40232	Line <u>3.67</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Ampie Enterprises, Inc. <small>Name</small>	Case number (if known) _____
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Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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4.7	CST PO Box 224768 Dallas, TX 75222	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	—
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4.8	CST PO Box 224768 Dallas, TX 75222	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____	—
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 478,359.06
5c.	\$ 478,359.06

Fill in this information to identify the case:Debtor name **Ampie Enterprises, Inc.**United States Bankruptcy Court for the: **WESTERN DISTRICT OF NEW YORK**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Tina Paradiso** **4014 Savannah Street, D
Hattiesburg, MS 39402**

**US Small Business
Administration**

☒ D **2.7**
☐ E/F _____
☐ G _____

2.2 **Tina Paradiso** **4014 Savannah Street, D
Hattiesburg, MS 39402**

**Beacon Funding
Corporation**

☒ D **2.2**
☐ E/F _____
☐ G _____

2.3 **Tina Paradiso** **4014 Savannah Street, D
Hattiesburg, MS 39402**

**Loan Builder/Bill Me
Later**

☐ D _____
☒ E/F **3.53**
☐ G _____

2.4 **Tina Paradiso** **4014 Savannah Street, D
Hattiesburg, MS 39402**

Headway Capital

☐ D _____
☒ E/F **3.42**
☐ G _____

United States Bankruptcy Court
Western District of New York

In re **Ampie Enterprises, Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|------------------------|
| For legal services, I have agreed to accept | \$ | <u>1,062.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>1,062.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ **338.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☐ Debtor ☒ Other (specify): **Principal**
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
- Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f) for avoidance of liens on household goods and judicial liens.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- Representation of the debtor(s) in any dischargeability actions, relief from stay actions or any other adversary proceeding; post-confirmation modifications of any Plan or representation concerning conversion of the case to any other Chapter of the Bankruptcy Code; contested matters by the United States trustee, case trustee or any party in interest concerning dismissal of the debtor's case under 11 USC 707(b)**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 4, 2024

Date

/s/ Raymond C. Stilwell**Raymond C. Stilwell**

Signature of Attorney

LAW OFFICES OF RAYMOND C. STILWELL**4476 Main Street, Suite 120****Amherst, NY 14226****716-634-8307 Fax: 716-839-0714****rcstilwell@roadrunner.com**

Name of law firm

**United States Bankruptcy Court
Western District of New York**

In re **Ampie Enterprises, Inc.**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 4, 2024**

/s/ Tina Paradiso

Tina Paradiso/President

Signer/Title

Aakron Rule Corporation
PO Box 418
Akron, NY 14001

Accelerated Mailing Services, Inc.
77 Halstead St #5
Rochester, NY 14610

Adflex Corporation
300 Ormond Street
Rochester, NY 14605

Alphagraphics
478 Thurston Road
Rochester, NY 14619

ALPI International
3435 Regatta Blvd
Richmond, CA 94804

American Express
4315 S 2700 West
Salt Lake City, UT 84184

Ariel Premium
8825 Page Ave
Saint Louis, MO 63114

Bag Makers Inc.
6606 S. Union Road
Union, IL 60180

Bank of America
PO Box 15019
Wilmington, DE 19850

Banner Store LLC
5409 Powell St
Jefferson, LA 70123

Bay First Financial
700 Central Avenue
Saint Petersburg, FL 33701

Beacon Funding Corporation
3400 Dundee Road #180
Northbrook, IL 60062

Bel Promo
PO Box 91979
Orlando, FL 32891

Blue Generation/CIT
PO Box 1036
Charlotte, NC 28201

Broder Bros
PO Box 13559
Newark, NJ 07188

Capital One
PO Box 4069
Carol Stream, IL 60197

CFG Merchant Solutions LLC
201 Route 17 North
Rutherford, NJ 07070

Charles River Apparel
205 Providence Hwy
Sharon, MA 02067

CHTD Company
PO Box 2576
Springfield, IL 62708

Commercial Collection Corp. of NY
34 Seymour Street
Tonawanda, NY 14150

CSC as Representative
PO Box 2576
Springfield, IL 62708

CST
PO Box 224768
Dallas, TX 75222

CST
PO Box 33127
Louisville, KY 40232

Devara Ltd
1635 Commons Parkway
Macedon, NY 14502

DFS Group
Lockbox 229, PO Box 7247
Philadelphia, PA 19170

Discount Labels
POM Box 200747
Dallas, TX 75320

Dupli Envelope & Graphics
6761 Thompson Road North
Syracuse, NY 13211

Economy Products & Solutions
1175 East Main Street
Rochester, NY 14609

Elan
1255 Corporate Dr
Irving, TX 75038

Ennis Business Forms Inc-Coshocton
PO Box 84171
Dallas, TX 75284

Ennis Business Forms Inc-Ft. Scott
PO Box 84171
Dallas, TX 75284

Ennis Business Forms Inc-Nat'l Imprint
PO Box 84171
Dallas, TX 75284

Ennis Business Forms Inc-Printegra
PO Box 84171
Dallas, TX 75284

Ennis Business Forms Inc-Wisco
PO Box 84171
Dallas, TX 75284

EnSpirit LLC
53 Upton Avenue #100
Spencerport, NY 14559

EPI Printing
30 Bermar Park #2
Rochester, NY 14624

Essef Distributors
264 Herricks Avenue
Mineola, NY 11501

Evans Manufacturing
PO Box 5669
Garden Grove, CA 92846

Excellus Blue Cross/Blue Shield
165 Court Street
Rochester, NY 14647

Fey promo dba of Fey Industries Inc
200 Fourth Avenue N
Edgerton, MN 56128

Finn Graphics
220 Stille Drive
Cincinnati, OH 45233

Fotofiles Inc.
15462 Sandfield Loop
Winter Garden, FL 34787

Galaxy Balloons Inc.
35263 Eagle Way
Chicago, IL 60678

Gem Group, Inc.
PO Box 843085
Boston, MA 02284

Gemline c/o CST Key Collections
PO Box 33127
Louisville, KY 40232

Gill Studios, Inc / Gill Line
PO Box 2909
Shawnee Mission, KS 66201

Glow Promotions
5555 West Linebaugh Avenue#300
Tampa, FL 33624

Grimco Inc.
29538 Network Place
Chicago, IL 60673

HandStands
1770 S 5350 W
Salt Lake City, UT 84104

Headway Capital
175 W. Jackson Blvd., Suite 1000
Chicago, IL 60604

Hit Promotional Products Inc
PO Box 744209
Atlanta, GA 30384

Hub Pen Company LLC
1525 Washington St
Braintree, MA 02184

IDProductsource LLC
111 645 Northwest Enterprise Dr
Port Saint Lucie, FL 34986

Illini
1000 Woodlands Parkway
Vernon Hills, IL 60061

ImprintID
8433 Backlick Rd Suite B
Lorton, VA 22079

Info Advantage
155 Sanford Street
Rochester, NY 14620

Lanco
905 Veterans Memorial Hwy
Ronkonkoma, NY 11779

LarLu
PO Box 708
Winona, MN 55987

Leedsworld
PO Box 643859
Pittsburgh, PA 15264

Leprechaun Promotions
1016 Norcross Industrial Court
Norcross, GA 30071

Loan Builder/Bill Me Later
215 South State Street, Suite 1000
Salt Lake City, UT 84111

Logomark
1201 Bell Avenue
Tustin, CA 92780

Magnet Group
PO Box 203699
Dallas, TX 75320

Magnets in Print
1913 Atlantic Avenue F4
Manasquan, NJ 08736

MLJ Press Inc
Box 65, 1015 East Main Street
Rochester, NY 14609

Moderne Glass Co Inc
1000 Industrial Blvd
Aliquippa, PA 15001

Mulligan Funding
4715 Viewridge Ave
San Diego, CA 92123

NYS Depatment of Labor
Harriman State Office Building
Bldg 12 Room 256
Albany, NY 12240

NYS Dept. of Tax & Finance
PO Box 5300
Albany, NY 12205-0300

Occasions Group
PO Box 8700
Mankato, MN 56002

OnDeck
1400 Broadway
New York, NY 10018

Paychex
1175 John Street
West Henrietta, NY 14586

Peerless Umbrella Co Inc
427 Ferry Street
Newark, NJ 07105

Promovision
PO Box 71549
Chicago, IL 60694

Pure Water Technology of WNY
316 Seneca St #100
Buffalo, NY 14204

Quikey Inc.
1500 Industrial Parkway
Akron, OH 44310

Royal Industries
1135 N Plymouth St.
Allentown, PA 18109

Rugged Outfitters
Suite 31, 1 Lethbridge Plaza
Mahwah, NJ 07430

S&S Activewear
525 Fellowship Rd., Suite 330
Mount Laurel, NJ 08054

SanMar Corp.
22833 SE Black Nugget Road, Suite 130
Issaquah, WA 98029

Showdown Displays
PO Box 74007546
Chicago, IL 60674

Silverline Services Inc.
265 Sunrise Highway #236
Rockville Centre, NY 11570

SnugZ USA LLC
PO Box 25908
Salt Lake City, UT 84125

Starline USA Inc.
3036 Alt Blvd
Grand Island, NY 14072

Stopngo Line
19805 Harrison Avenue
City of Industry, CA 91789

Stouse LLC
300 New Century Parkway
New Century, KS 66031

Suburban Disposal
PO Box 112
Spencerport, NY 14559

Suntex Industries
5555 West Linebaugh Avenue#300
Tampa, FL 33624

Tangible Apparel
4780 I-55 N Suite 100, #9919
Jackson, MS 39211

Taylor Communications c/o CCC of NY
34 Seymour Street
Tonawanda, NY 14150

Time Warner Cable/Spectrum/Charter
PO Box 6030
Carol Stream, IL 60197

Tina Paradiso
4014 Savannah Street, D
Hattiesburg, MS 39402

TK cups Sorgs
750 Crawford Street
Fitchburg, MA 01420

Uline
PO Box 88471
Chicago, IL 60680

US Small Business Administration
2 North Street, Suite 320
Birmingham, AL 35203

Ventura Promotional Products, Inc.
501 W. Pierce St
Del Rio, TX 78840

Victor Printing Co
PO Drawer 707, 1 Victor Way
Sharon, PA 16146

Webb Business Promo
PO Box 745
New Ulm, MN 56073

Wilmer
PO Box 91047
Chicago, IL 60693

WOWLine
141 Eileen Way
Syosset, NY 11791

**United States Bankruptcy Court
Western District of New York**

In re **Ampie Enterprises, Inc.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ampie Enterprises, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

June 4, 2024

Date

/s/ Raymond C. Stilwell

Raymond C. Stilwell

Signature of Attorney or Litigant

Counsel for **Ampie Enterprises, Inc.**

LAW OFFICES OF RAYMOND C. STILWELL

4476 Main Street, Suite 120

Amherst, NY 14226

716-634-8307 Fax: 716-839-0714

rcstilwell@roadrunner.com

**United States Bankruptcy Court
Western District of New York**

In re **Ampie Enterprises, Inc.**

Debtor(s)

Case No.

Chapter

7

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Tina Paradiso**, declare under penalty of perjury that I am the **President** of **Ampie Enterprises, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 4 day of June, 2024.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Tina Paradiso, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Tina Paradiso, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Tina Paradiso, President** of this Corporation is authorized and directed to employ **Raymond C. Stilwell**, attorney and the law firm of **LAW OFFICES OF RAYMOND C. STILWELL** to represent the corporation in such bankruptcy case."

Date **June 4, 2024**

Signed /s/ Tina Paradiso

Tina Paradiso

Resolution of Board of Directors
of
Ampie Enterprises, Inc.

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Tina Paradiso, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 7 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Tina Paradiso, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Tina Paradiso, President** of this Corporation is authorized and directed to employ **Raymond C. Stilwell**, attorney and the law firm of **LAW OFFICES OF RAYMOND C. STILWELL** to represent the corporation in such bankruptcy case.

Date June 4, 2024

Signed /s/ Tina Paradiso